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UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Mauritania
Support for a comprehensive population programme

Proposed UNFPA assistance:	$5 million, of which $4.5 million is to be committed from UNFPA's regular resources. If UNFPA's funding situation permits, the balance of up to $500,000 may be provided by UNFPA. If and to the extent this is not the case, UNFPA would seek to cover the shortfall from other sources, including multi-bilateral sources
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1992
Executing agencies:	Government of Mauritania United Nations International Labour Organisation (ILO) United Nations Educational, Scientific and Cultural Organization (UNESCO) World Health Organization (WHO)
Government co-ordinating agency:	Ministry of Planning

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MAURITANIA

Demographic facts

Population Total (000)	
Total	2,024
Males	1,000
Females	1,024
Sex ratio (/100 females)	97.6
Urban	852
Rural	1,173
Per cent urban	42.1
Population in year 2000 (000)	2,685
Functional age groups (%)	
Young child: 0-4	18.2
Child: 5-14	26.4
Youth: 15-24	18.7
Elderly: 60+	5.0
65+	3.1
Women: 15-49	22.8
Median age (years)	17.7
Dependency ratios: total	91.2
(/100) Aged 0-14	85.2
Aged 65+	5.9
Agricultural population density (/hectare of arable land)	6.39
Population density (/sq. km.)	2
Average annual change (000)	
Population increase	61
Births	99
Deaths	38
Net migration	0
Annual population total (% growth)	2.80
Urban	5.66
Rural	0.44
Crude birth rate (/1000)	45.4
Crude death rate (/1000)	17.4
Net migration rate (/1000)	0
Total fertility rate (/woman)	6.39
Gross reproduction rate (/woman)	3.15
Net reproduction rate (/woman)	2.23
Infant mortality rate (/1000)	117
Life expectancy at birth (years)	
Males	46.4
Females	49.7
Both sexes	48.0
GNP per capita (U.S. dollars, 1988)	480

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national production per capita: World Bank, World Development Report 1990. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1988.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over a five-year period, in the amount of $5 million, of which $4.5 million would be committed from UNFPA regular resources, starting January 1992, to assist the Government of Mauritania, a priority country for UNFPA assistance, in achieving its population and development objectives. If UNFPA's funding situation permits, the balance of up to $500,000 may be provided by UNFPA. If and to the extent this is not possible, UNFPA will seek to cover the shortfall from other sources, including multi-bilateral sources. This will be the third cycle of UNFPA assistance in Mauritania. The second UNFPA programme, approved for four years by the Governing Council in June 1987, in the amount of $3.3 million, has been extended to December 1991 in order to synchronize UNFPA's assistance programme with the Government's national development plan and with UNDP's programme of assistance.

2. The proposed programme for the period 1992-1996 is based on the findings and recommendations of a UNFPA Programme Review and Strategy Development (PRSD) mission which visited Mauritania in July 1990, the lessons learned during the implementation of the two previous programmes, and additional consultations with national authorities on programme priorities. The programme takes into account the strategy for UNFPA assistance in sub-Saharan Africa (document DP/1987/37) and the Fund's implementation strategy to deal with issues concerning women, population and development (document DP/1987/38).

3. The proposed programme aims at accelerating the process of population policy formulation and the development of a coherent, comprehensive programme which will provide the framework for population activities in Mauritania. The immediate objectives are: (a) to increase the demand for and improve the delivery of child-spacing services; (b) to enhance the participation of women in population and development activities; and (c) to increase the level of awareness and understanding among politicians, religious leaders, and technicians of the interrelationships between population and development.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

5. Mauritania is a vast country with a population of approximately 2 million inhabitants. Population density is very low (1.9 inhabitants per square kilometre), but rapid desertification (as much as 6 kilometres a year) is forcing nomads to settle down, mostly in urban areas, which, according to United Nations estimates, are growing at a rate of 5.6 per cent a year and now account for 42 per cent of population. This has had a dramatic effect on the proportion of nomads in Mauritania's population, which dropped from 83 per cent in 1960 to only 12 per cent in 1988, as well as on cities' ability to cope with the pace of urbanization. The most rapid growth has taken place in Nouakchott, the capital, which grew from 5,000 inhabitants in 1960 to almost 400,000 in 1988 and now accounts for some 60 per cent of the country's urban population.

6. Although the population growth rate of 2.9 per cent is among the more moderate rates in sub-Saharan Africa, it is relatively high compared to the country's economic development (which actually declined by 0.4 per cent for the period 1965-1988) and considering that the population will double in less than 25 years. Moreover, the rate is likely to rise in the near future as infant mortality rates decline. The mean age at marriage is 20 years for women and 28 years for men. Nearly a third of all households are headed by women, primarily because of the migration of males triggered by persistent drought. Less than 40 per cent of those aged 6 to 14 attend school, and drop-out rates are fairly high, especially among girls (27 per cent in 1988-1989) at the secondary level. Nearly 71 per cent of the women and 52 per cent of the men are illiterate.

7. In part because of Mauritania's very low population density the Government does not perceive population as a critical issue. It has, however, agreed in principle on the need to improve the distribution of the country's human and economic resources throughout the territory. This will be done within the framework of a national programme of "territorial redistribution".

8. Although the Government has not adopted an explicit population policy, it has in recent years supported population activities. For example, in July 1986 the Ministry of Health and Social Welfare approved the integration of child-spacing activities into its health structure. The following February, the Ministry of Justice and Islamic Orientation endorsed child-spacing activities emphasizing education and prevention, provided such activities were in conformity with the tenets of Islam. Such approval, however, signalled not an endorsement of family planning but rather an increasing understanding of the relationship between child spacing and mother and child health.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

9. For the period 1974 to 1991, UNFPA allocated a total of approximately $9.7 million for population activities in Mauritania, covering all areas of UNFPA's programme. Despite some success, UNFPA programmes encountered a number of problems and constraints hampering programme development and implementation. These included, among others: (a) lack of a population policy or sectoral strategy; (b) relatively low government commitment to population matters; (c) weak or inadequate infrastructures and equipment; (d) lack of data; and (e) inadequate training and insufficient staff mobility. The programme also suffered from the effects of Mauritania's structural adjustment programme and certain socio-cultural influences.

Maternal and child health and family planning

10. UNFPA assistance in this sector amounts to over $2.7 million for the period 1978-1991. The Fund's first project aimed at strengthening the capacity of national medical and paramedical personnel to deliver maternal and child health (MCH) services and to disseminate support information. The second phase, which started in 1985, was intended to expand MCH services. Following an in-depth evaluation in 1988, the main objective of the present phase, operational since 1989, is to introduce and integrate child-spacing services into those of MCH.

11. UNFPA assistance supported the training in MCH of medical and paramedical personnel as well as traditional birth attendants, providing 7 long-term fellowships in such areas as gynaecology, health

education, public health and nutrition, and 24 short-term fellowships for training in health education, community health, and family planning. UNFPA also supported the repair and renovation of 29 health establishments, including 3 maternity centres; the production of various information, education and communication (IEC) materials; the supply of medical equipment and contraceptives; and the improvement of the MCH management information system. The Fund also arranged for technical assistance to develop the child-spacing training curriculum to be introduced into the public health schools. Despite the efforts made so far, the situation with regard to the health of mothers and children in Mauritania remains disturbing: mortality and morbidity rates are still high (infant and maternal mortality rates are 158 per 1,000 and 500 per 100,000 live births, respectively); women suffer from complications arising from too many and too frequent pregnancies; and only 30 per cent of the population has reasonable access to modern health services.

Information, education and communication

12. In the population IEC sector, UNFPA has supported a series of activities that are integrated, in one way or another, into the programmes of various public institutions and are complementary to the awareness-creation activities funded by the United States Agency for International Development (USAID). The Fund has been increasing such support since the end of USAID funding in mid-1990.

13. In the area of formal education, UNFPA assisted the Government in integrating family life and population education into the curricula of secondary and technical schools, the primary school level having been assigned to a project to be funded by the United Nations Children's Fund (UNICEF). Other activities included the creation and putting into operation of a documentation centre, and the training of project staff. The Fund expects all remaining activities in this area (the training of teachers, development of curriculum and testing) to be completed before the end of the current programme cycle.

14. The Fund supported a number of IEC activities at MCH centres, including family planning motivation and counselling. Other UNFPA-supported activities included: the convening of a national seminar to prepare a national IEC strategy; the sensitization of local authorities and the general public to the new civil registration system and its importance for national development; and the organization of a series of national awareness-creation seminars on such subjects as population and development, women and development, and population trends in Mauritania. UNFPA assistance to this sector amounts to approximately $500,000 for the period 1987-1991.

Data collection and analysis

15. UNFPA assistance helped to establish the principal sources of population data in Mauritania, notably the first and second population censuses of 1976 and 1988, respectively. Preliminary data from the census have been made available for use by planners, but official publication of the results is awaiting the approval of the National Commission on the Census. Analysis of the census data is to start in 1991, to be followed by the publication of a monograph on each region and the undertaking of a study on women and another on youth. UNFPA has also assisted government efforts to improve the country's civil registration system, starting in 1988 with the strengthening of the system in four pilot areas -- the capital city and three regional capitals. While the results of these efforts have been encouraging (some 261 rural communities now have their own registration centres), major obstacles remain, most notably the very wide dispersion of the population over vast stretches of territory and the difficult and extremely expensive communication and transportation systems. A study on population, migration and economic conditions, planned as part of the

second country programme, was deferred owing to the limited capacity of existing institutions. Total UNFPA assistance to this sector amounts to over $3 million for the period 1972-1991.

Population policy formulation

16. The Centre for Demographic and Social Research, established in 1983 with UNFPA support, has since 1986 assumed increasing responsibility for preparing the groundwork for the formulation of a national population policy. The Centre, located in the National Directorate of Statistics and Demography, has provided the institutional base within the Government for addressing issues concerning population and development. It has therefore assisted sectoral ministries in integrating population factors into sectoral development plans, in co-ordinating population-related activities between the various ministries, and in providing middle-level training in demography and statistics. The Centre has also contributed substantially to a better understanding of Mauritania's population problems, carrying out numerous studies on a wide variety of subjects, including the influence of the status and role of women on fertility and infant mortality, the socio-economic determinants of fertility and child spacing, and the integration of population variables into education, health and employment programmes.

17. A 1988 technical review of UNFPA support to the Centre recommended that the Centre be re-structured to enable it to function more effectively as the government focal point for co-ordinating population activities. The Government subsequently established a different focal point for population activities, placing it under the direct authority of the Minister's Cabinet in the Ministry of Planning. The focal point has been given the responsibility of assisting in the programming of population activities for the next programme cycle and of overseeing the operations of the Centre.

Women, population and development

18. Although government support for women-in-development (WID) activities has increased in recent years, a study of 37 development projects showed that the WID component of these projects tended to be marginal or neglected. This demonstrated the need for a coherent strategy to ensure the systematic and purposeful integration of women into development activities. UNFPA provided assistance to the newly created (1988) Ministry of Women's Affairs, Handicrafts and Tourism to help it get organized and formulate programmes of action. However, the Ministry was disbanded in 1989 and the section responsible for women's affairs was transferred.

Other external assistance

19. UNICEF and USAID are the other major donors supporting maternal and child health/child spacing (MCH/CS) activities in Mauritania. UNICEF has been providing an average annual amount of $1 million for training of traditional birth attendants and village workers in service delivery. Up to 1989, USAID had contributed about $200,000 a year for the construction of health facilities, the procurement of contraceptives, the implementation of support to IEC activities and the undertaking of research by the Centre for Demographic and Social Research. The World Bank has provided limited support for preparatory activities for the new phase of a health and population project and for activities of the civil registration project.

20. Other donors active in Mauritania include the Arab Gulf Programme for the United Nations Development Organizations (AGFUND), which has been a major supporter of the Pan-Arab child and maternal health survey (PAPCHILD), and the Mauritanian Association for the Promotion of the Family,

an affiliate of the International Planned Parenthood Federation (IPPF) and the only non-governmental organization (NGO) active in the field of family planning in Mauritania. A multitude of donors jointly funded the 1988 population census, including, in addition to UNFPA, the Arab Fund for Economic and Social Development, the Saudi Fund, the Organization of Petroleum Exporting Countries (OPEC), the Iraqi Fund, the Arab League and the French Technical Assistance Agency.

IV. PROPOSED PROGRAMME 1992-1996

21. The third programme of UNFPA assistance proposed for Mauritania is based on the observations and recommendations of the PRSD mission that visited the country in July 1990, and on the experience gained during the implementation of the two previous programmes (1980-1990). The objectives of the programme are detailed in paragraph 3 above. The programme strategy designed to achieve these objectives would be: (a) to give high priority to preparing a national family welfare programme for the development, implementation and co-ordination of all MCH/CS activities in the country; (b) to develop a comprehensive, multisectoral population IEC strategy aimed at specific target groups (policy makers, religious leaders, men, women, youth); (c) to strengthen the present system of data collection and analysis, ensuring adequate and effective utilization of the data collected; (d) to establish an effective mechanism to co-ordinate all donor assistance in the population field; (e) to conduct operational research to improve the development and implementation of population activities; and (f) to formulate a national population policy towards the end of the programme.

Maternal and child health and family planning

22. UNFPA assistance to this sector aims at increasing the percentage of the population having reasonable access to MCH/CS services from the present 30 per cent to 50 per cent by the year 1996, thereby contributing to the achievement of the Government's objective of enhancing the well-being of the Mauritanian family. In order to achieve a coverage rate of 50 per cent by 1996, UNFPA would assist government efforts to increase knowledge about child spacing, respond to existing demand and generate additional demand for child-spacing services. This would involve the training of staff, renovation of MCH/CS centres, and provision of equipment, contraceptives and some basic drugs for MCH/CS activities. The setting up of a National Family Welfare Programme will facilitate the planning, implementation and co-ordination of all MCH/CS activities; while the involvement of regional medical directors at all stages of programme development and implementation would ensure their commitment and active participation. In order to respond effectively to the existing demand and to meet unmet needs for child-spacing services, these services would be integrated progressively into the daily activities of all MCH units in Nouakchott District and in five selected regions as well as into the medical services available to workers. The strategy utilized in this sector will be based on the Safe Motherhood approach.

23. A related objective would be to establish an effective system for managing MCH/CS services and for collecting service statistics. A strategy for training in MCH/CS would be developed with special attention to the training of traditional birth attendants in safe delivery methods and in risk identification and referral, with the aim of promoting safe motherhood. Operations research on such subjects as determinants of maternal mortality, underlying causes of infant mortality, and contraceptive effectiveness rates, would be funded, and the results used to improve the delivery of child-spacing services and information. To improve interagency collaboration, private practitioners (pharmacists, gynaecologists, general practitioners) as well as the Mauritanian Association for the Promotion of the Family would be

encouraged to participate in the activities of the MCH/CS sector, for example, in IEC activities as well as distribution of contraceptives. UNFPA would provide a total amount of $2 million for this sector.

Information, education and communication

24. The PRSD mission found that owing to the absence of a national population policy or a national IEC strategy, coupled with a delay in implementing some of the IEC activities, the dissemination of information on population issues and variables is grossly inadequate. This is compounded by a shortage of personnel trained in IEC techniques. The main objective of UNFPA assistance to this sector is to ensure adequate IEC support for all population activities in the country. Accordingly, the UNFPA strategy in this sector rests on: (a) the development of a realistic multi-sectoral, multi-media IEC strategy; (b) the production of appropriate IEC materials, taking into account the socio-cultural environment in which these would be used; (c) the revitalization of the fight against, or prevention of, sexually transmitted diseases and infertility; and (d) the reinstatement of the Husbands' School, which before its discontinuation had been an innovative approach involving men in child-spacing activities.

25. At the formal education level, UNFPA would continue to assist the introduction, on a pilot basis, of the concepts and notions of population and family life education into secondary and technical schools, with particular emphasis on responsible parenthood. In this regard, funds would be provided for training of curriculum developers and other teachers, production of audio-visual materials, organization of study tours, training of trainers and pretesting of exercises. Furthermore, the possibility of collaborating with UNICEF in the development of an appropriate family life education project for primary schools would be explored, based on the results of the needs assessment exercise currently being undertaken by UNICEF.

26. At the community level, UNFPA would provide assistance to enable the Government to expand IEC activities such as motivational sessions on MCH/CS to women's promotion centres and to other groups. In view of the present low level of information on the rationale for child spacing, the position of the Government on child spacing and the general lack of knowledge of other problems affecting women and youth (e.g., abortion, teen-age pregnancy, malnutrition), various IEC activities to address those specific themes would be developed. In addition, multi-service information and documentation centres would be created in Nouakchott and the five regions where UNFPA would be operating. The Fund would also provide training for journalists and fellowships for medical personnel and community development and social welfare officers to study such areas as family life education for out-of-school youths and adults; counselling techniques, programme development and management, and IEC materials production. A national colloquium on Islam and Family Planning would be organized, with assistance from UNFPA. Participation would be enlarged to include neighbouring and Malaysian Islamic authorities. A total of $1 million would be provided for the IEC sector.

Data collection and analysis

27. In order to ensure that the population data collected during the 1988 population census would be utilized, further assistance for the analysis and publication of the census data is proposed, with particular emphasis on: (a) carrying out a demographic survey to update census data; (b) publication of census data on women in Mauritania; and (c) identification of migratory movements. The strengthening of the civil registration and vital statistics system is of crucial importance for a vast country like Mauritania, where the per capita cost of census taking is enormous compared to other countries. The country has made impressive progress towards putting into place the required legislation, creating 163 registration points,

training staff and developing a family registration booklet. The World Bank intends to complement the UNFPA assistance with support for up-country activities (training, equipment, functioning of registration centres). UNFPA support would thus be for the strengthening of the central and regional offices, including an enhancing of the supervisory capacity of these offices. UNFPA would provide $550,000 for these activities; an additional $200,000 would be sought from other sources, including multi-bilateral sources.

Population policy formulation

28. While acknowledging the considerable effort of past programmes to improve the data and information base on the population situation in Mauritania, the PRSD mission noted, however, that the results of the various studies, surveys, and seminars had not been adequately utilized for programme development. UNFPA assistance to this sector would therefore aim at strengthening the national capability to co-ordinate population activities and to formulate a population policy. The most important activity in the preparatory phase of policy formulation would be the design of a well-targeted IEC programme. An integral component of such a programme would be the holding of a national debate on population issues so as to arrive at a consensus on the contents of the population policy and programmes. At the same time, the capacities of the central co-ordinating unit in the Ministry of Planning would be strengthened to enable it to initiate the population policy and programme formulation process and to provide the appropriate institutional framework for overseeing the implementation of the population policy and the monitoring and co-ordination of its corresponding programme.

29. UNFPA would also provide assistance for a study on migration, aimed at clarifying current trends in the movements of population, including the identification of the "push and pull factors" that account for the present extremely high urbanization rate. The results of the survey would provide indispensable information for the planning of population and human resources, to which policy the Government has given a high priority under its Economic Consolidation Programme. A total amount of $850,000 would be provided for this sector, $300,000 of which for the study on migration would be sought from other sources, including multi-bilateral sources.

Women, population and development

30. UNFPA assistance to this sector would focus on assisting the Government in developing a national strategy to promote the status and role of women, including linkages to population variables. The effort to develop a coherent, co-ordinated approach to improving the status of women would require the collaboration of all government and donor agencies working in this area, as well as the undertaking of a number of research studies by the various sectoral ministries involved. The central co-ordinating unit in the Ministry of Planning in collaboration with the Executive Secretariat for the Promotion of Women would be responsible for co-ordinating these activities as well as for formulating a national strategy based on the inputs from the various sources.

31. In addition to publishing a special volume on Women in Mauritania as part of its support to the dissemination of census results, UNFPA would provide assistance for the printing in popular format of other documents providing information on women, such as the results of studies on women undertaken by the Centre for Demographic and Social Research, and in particular the publication of simplified versions of legal and religious texts protecting the rights of women and children. UNFPA would also support IEC activities aimed at women, promoting child spacing and safe motherhood through the media and other means of communication, and through the Centres de Promotion Féminine in the rural and urban areas which were

created to serve women exclusively. These centres would themselves be the target of IEC activities, sensitizing them to the emerging needs of the family as a whole and training them to provide counselling services in child spacing and to advise women on their reproductive role and their rights. This would require a preliminary study on the capabilities of these centres. UNFPA would provide a total amount of $300,000 for this sector.

Programme reserve

32. The proposed country programme would contain a reserve of $100,000 in order to allow the Fund to respond to unforeseen needs.

Programme co-ordination

33. The newly created co-ordinating unit in the Ministry of Planning is responsible for the overall co-ordination of all population activities in the country. Individual sectoral ministries and departments are responsible for the day-to-day co-ordination of activities in their respective areas. However, the co-ordination of population activities, especially those in the MCH/CS sector, must be further institutionalized to ensure effective programme delivery and performance. This will require greater collaboration and dialogue between and among government ministries, donors and executing and implementing agencies. UNFPA would work closely with its partner organizations in the Joint Consultative Group on Policy (JCGP), notably with UNICEF in developing an appropriate family life education project for primary schools (see para. 25), to facilitate the work of the co-ordinating unit in this area.

Programme monitoring, evaluation and management

34. All projects would have built-in monitoring and evaluation components to monitor implementation at regular intervals and to assess the results and contributions of activities to the achievement of the overall goal of population activities in the country. Although government execution of projects will be encouraged to the extent permitted by the management and absorptive capacities of government institutions, the implementation of some major activities, such as the development of national IEC and MCH/CS strategies, the organization of overseas study tours, technical back-stopping and the formulation of a national population policy, would be entrusted to competent international organizations. The services and technical support of UNFPA-funded regional inter-disciplinary teams would be requested as and when necessary. The proposed programme would be closely monitored by the Country Director for Mauritania, who is based in Mali, assisted by a National Programme Officer, a finance assistant and secretary, under the general guidance of the UNFPA Representative, who is also the UNDP Resident Representative. Progress reports would be prepared on an annual basis; tripartite reviews would be held annually. The Country Director would visit Mauritania at least twice a year. There would be a mid-term review in 1994, to be organized jointly with UNDP if possible, and a final, independent evaluation of the programme in 1996.

Financial summary

35. As indicated in paragraph 1, a programme of $5 million, of which $4.5 million would be committed from UNFPA regular resources, is being proposed for 1992 through 1996. If UNFPA's funding situation permits, the balance of up to $500,000 may be provided by UNFPA. If and to the extent this is not possible, UNFPA would seek to cover the shortfall from other sources, including multi-bilateral sources. The following table shows how the programme areas would accommodate these two levels of funding:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	2,000,000	--	2,000,000
Information, education and communication	1,000,000	--	1,000,000
Data collection and analysis	550,000	200,000	750,000
Population policy formulation	550,000	300,000	850,000
Women, population and development	300,000	--	300,000
Programme reserve	100,000	--	100,000
TOTAL	4,500,000	500,000	5,000,000

V. RECOMMENDATION

36. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Mauritania in the amount of $5 million for the five-year period 1992-1996;

(b) Authorize the Executive Director to commit an amount of $4.5 million from UNFPA's regular resources;

(c) Further authorize the Executive Director to provide the balance of up to $500,000 from UNFPA's regular resources, if such resources are available. If and to the extent they are not, further authorize the Executive Director to seek to cover the shortfall from other resources, including multi-bilateral sources;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Mauritania and with the executing agencies.

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UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Cape Verde
Support for a comprehensive population programme

Proposed UNFPA assistance:	$4 million, of which $2.5 million will be committed from UNFPA regular resources. If UNFPA's funding situation permits, the balance of up to $1.5 million may be provided by UNFPA. If and to the extent this is not possible, UNFPA will seek to cover the shortfall from other sources, including multi-bilateral sources.
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1991
Executing agency:	Government of Cape Verde
Technical support:	United Nations International Labour Organisation (ILO) United Nations Educational, Scientific and Cultural Organization (UNESCO) World Health Organization (WHO)
Government co-operating agency:	Ministry of Planning and Co-operation

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91-08084

CAPE VERDE

Demographic facts

Population Total (000)	
Total	379
Males	179
Females	201
Sex ratio (/100 females)	89.1
Urban	233
Rural	146
Per cent urban	61.5
Population in year 2000 (000)	518
Functional age groups (%)	
Young child: 0-4	16.6
Child: 5-14	25.0
Youth: 15-24	22.2
Elderly: 60+	6.1
65+	4.0
Women: 15-49	25.1
Median age (years)	18.9
Dependency ratios: total	83.9
(/100) Aged 0-14	76.6
Aged 65+	7.3
Agricultural population density (/hectare of arable land)	4.23
Population density (/sq. km.)	94
Average annual change (000)	
Population increase	13
Births	17
Deaths	4
Net migration	0
Annual population total (% growth)	3.13
Urban	4.79
Rural	0.16
Crude birth rate (/1000)	40.1
Crude death rate (/1000)	8.8
Net migration rate (/1000)	0
Total fertility rate (/woman)	5.07
Gross reproduction rate (/woman)	2.50
Net reproduction rate (/woman)	2.21
Infant mortality rate (/1000)	57
Life expectancy at birth (years)	
Males	61.3
Females	64.8
Both sexes	63.0
GNP per capita (U.S. dollars, 1988)	•

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national production per capita: World Bank, World Development Report 1990. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1988.

• not available.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $4 million, of which $2.5 million would be committed from UNFPA's regular resources, over a five-year period, starting in January 1991, to assist the Government of Cape Verde in achieving its population and development objectives. If UNFPA's funding situation permits, the balance of up to $1.5 million may be provided by UNFPA. If and to the extent this is not possible, UNFPA would seek to cover the shortfall from other sources, including multi-bilateral sources. This would be UNFPA's second population programme in Cape Verde; the first was approved over a four-year period, starting January 1988, in the amount of $1.5 million. Expenditures for the period 1988-1990 have exceeded the approved amount because of unrealized multi-bilateral resources for the 1990 population census and for technical assistance in the field of women, population and development. In view of this high rate of expenditure, and the fact that the third national development plan covers the period 1991-1995, UNFPA proposes that the second population programme be approved over a five-year period starting in January 1991.

2. The proposed programme, which was designed in close consultation with government officials, takes into account: (a) the Government's broad population objectives as stated in the second national development plan; (b) the development objectives of the third national development plan; (c) the findings and recommendations of a Programme Review and Strategy Development (PRSD) mission that visited Cape Verde from 18 October to 8 November 1990; (d) the orientation of the programmes of the Joint Consultative Group on Policy (JCGP) members; (e) the strategy for UNFPA assistance to sub-Saharan Africa (document DP/1987/37), and UNFPA's implementation strategy for strengthening the Fund's capacity to deal with issues concerning women, population and development (document DP/1987/38);

3. The long-term objective of the proposed programme is to strengthen the institutional capacity of the Government to bring about a sustainable relationship between population, resources and development through the reduction of the fertility level and the adoption and implementation of a coherent and comprehensive national population policy. The immediate objectives are: (a) to assist the Government in formulating a co-ordinated population programme to attain its demographic objectives; (b) to expand coverage and improve the quality and accessibility of maternal and child health and family planning (MCH/FP) services; and (c) to promote the status of women, with special attention given to women who head households.

4. All projects under the proposed programme as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action, that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

5. The Republic of Cape Verde comprises 10 islands, nine of which are inhabited. According to the 1990 population and housing census,[1] the structure of Cape Verde's 337,000 population is characterized by: (a) a sex ratio of 88 males for every 100 females; (b) a high proportion of the population (66 per cent) under 25 years; and (c) an unequal distribution of the population, with 80 per cent living on three islands. The census estimated the annual population growth during the period 1980-1990 to be 2.15 per cent, compared to 0.9 per cent during the period 1970-1980 and 2.2 per cent during the period 1980-1987. At current rates, the population would double in less than 25 years. This high rate is the result of the combined effect of declining mortality rates (nearly 50 per cent for infants between 1965 and 1988) and increasing birth rates. Life expectancy at birth increased from 55.3 years in 1970 to 63.3 years in 1987. These indicators are a reflection of improvements in health care, which is a priority for the Government. Cape Verde has experienced a very high rate of emigration in recent years, and an estimated 300,000 to 700,000 Cape Verdeans reside outside the country. Because of the predominance of male emigration, 30 per cent of the female population are heads of households, and 36 per cent of family farms are managed by women, 22 per cent of whom cannot read or write.

6. The 1988 fertility survey estimated that while 86.2 per cent of women in the reproductive age group knew about modern methods of contraception, only 12.3 per cent of them were using a modern method; another 3.9 per cent were using traditional methods. Teen-age pregnancy is very common, with girls aged 18 years and below accounting for 25.1 per cent of the total number of births. During the period 1985-1988, the total fertility rate was 6.2 children per woman, compared to 7.26 during 1979-1981. The total fertility rate was found to be higher among women in rural areas and those with the least amount of education.

7. The country has a high illiteracy rate, reaching 50 per cent of the population aged 6 to 49. The Government has taken steps to address this situation by making school attendance compulsory for children aged 6 to 12 years. Still, it has been observed that more than 60 per cent of those between age 10 and 14 drop out of school.

8. Cape Verde has an efficient health system that gives priority to preventive care, protection of vulnerable groups, and community participation. Starting in 1989, MCH/FP is being gradually integrated into the rest of the health service. The MCH/FP centres are well equipped and contraceptives are available free of charge; however, the nurses of the centres do not devote enough time to providing family planning information, nor does information on contraceptives seem to reach single or unwed women. The coverage of prenatal consultations reached 100 per cent in 1990, with an average number of 2.5 consultations per woman. Over 50 per cent of deliveries take place in the home, with the assistance of trained traditional birth attendants (TBAs). The target set by the Government to reduce the infant mortality rate by 50 per cent was reached in 1990.

9. Since its independence in 1975, Cape Verde has been conscious of the need to consider population variables in its development planning. Already in the first development plan, the Government's

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[1]The results of the 1990 census differ from United Nations projections, which are provided on p. 2 of this report. For the sake of consistency, the data presented in this paragraph are based on the findings of the 1990 census.

preoccupation with rapid population growth was expressed in general terms. The second development plan included the improvement of the quality of life of the population as one of its broad objectives, and retained it as one of its three priorities. The size of its population, relative to its development resources, has been one of the factors that has determined the new orientation in the economic policy of the country. The plan spells out the broad objectives of a population policy as being to create favourable conditions for couples to choose freely the size of their families; to reduce the mortality rate of both mothers and children; to instill the concept of responsible parenthood; to reduce unemployment; and to satisfy the basic needs of the population in such areas as nutrition, education and health. Specific objectives have also been set for reducing the fertility level and infant mortality and increasing life expectancy. However, there has been no mechanism to monitor activities designed to reach these objectives.

10. The Government of Cape Verde is contemplating formulating a coherent and comprehensive population policy. It therefore established an inter-ministerial commission to deal with population issues. The commission will soon be given official status. Cape Verde has several positive factors that need to be emphasized to achieve an effective population programme as well as several negative ones that need to be mitigated. The favourable factors include: (a) high degree of government commitment to population and development issues; (b) nation-wide organization of women and youth; (c) an effective distribution of national resources; and (d) efficient management of development programmes. Factors that may adversely affect the success of such a programme are: (a) the lack of trained personnel; (b) the brain drain, which is exacerbated by continuing emigration and the high turnover of personnel; (c) the scarcity of natural resources, including water; and (d) high dependence on external assistance and emigrants' remittances.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

11. UNFPA initially provided assistance to Cape Verde on an ad hoc basis. This amounted to $1.3 million and covered the conduct of the 1980 population census, the provision of contraceptives, education and awareness-creation on population issues, and the establishment of a Population and Human Resources Unit. The Fund's first country programme was approved in the amount of $1.5 million for the years 1988-1991 to support the conduct of the second population and housing census in 1990, the improvement of maternal and child health including the provision of contraceptives, the strengthening of family life and sex education activities in the non-formal and formal sectors, the improvement of the status of women and their involvement in the national development of the country, and preparations for formulating a national population policy. Overall, the first UNFPA programme of assistance to Cape Verde was adequately integrated into the Government's development plans. However, its objective of strengthening the capability of the Government of Cape Verde to deal with population issues has not yet been fully realized given the scarcity of human resources. However, the programme did strengthen political commitment to a population policy. Expenditures for 1988-1990 amounted to $2.2 million, $700,000 more than projected. The overexpenditure is due mainly to the non-realization of multi-bilateral funding for the population census and for the strengthening of the capability of the Women's Organization.

Maternal and child health and family planning

12. During 1978-1989, UNFPA provided contraceptives within the framework of an MCH/FP project funded by the Swedish Save the Children Fund, Radda Barnen. A total of $455,000 was spent on contraceptives, which included orals, condoms, IUDs, spermicides and injectables. Today, a well-established integrated MCH/FP service is in operation and demand for family planning services has been increasing each

year. During 1978-1985, some 23,000 new family planning acceptors were registered; another 5,000 were added in 1988 and the number of new acceptors each year continues at that level. Services are provided by doctors or nurses for IUD insertions, and by auxiliary nurses for pills, condoms and injectables. Family planning services outside the Government health system are limited to those given by the Church, which, while not opposed to family planning, subscribes to natural family planning methods only.

13. In 1990, UNFPA initiated a project to provide information on teen-age pregnancy and the health and family planning benefits of birth-spacing; to reduce infant mortality to 43.9 per 1,000 in 1992; to increase the number of new acceptors from 5,000 in 1988 to 9,000 in 1992; and to improve the quality of family planning services through intensive training of personnel, especially of TBA supervisors, and through the implementation of an improved management information system (MIS) for MCH/FP. A review of the project's impact is to be carried out in 1992. UNFPA's total commitment to this sector amounts to $500,000 for the period 1978-1990, and $464,000 for 1991 and 1992.

Information, education and communication

14. Since 1982, UNFPA has provided assistance to create greater awareness on teen-age pregnancies and on the need for a national sex and family life education programme in the non-formal as well as in the formal sectors. Ongoing sex education/family life education activities, executed by UNESCO, aim at: (a) improving knowledge on the Cape Verdean family; (b) introducing sex and family life education into the formal education system; (c) developing an information, education and communication (IEC) programme for out-of-school activities; and (d) providing support to the MCH/FP programme. These activities started in 1987 but stalled because of lack of staff to implement it. National personnel, who were to carry out the activities, were assigned on a part-time instead of full-time basis, and the executing agency encountered problems in recruiting a United Nations Volunteer. Despite the adoption of a new strategy stressing the decentralization of operations and various adjustments in personnel arrangements, these activities continue to encounter difficulties because of a lack of co-ordination and collaboration. As a result, none of the activities to introduce sex and family life education into the formal education system have begun. An evaluation was planned for early 1991. Total UNFPA assistance to the IEC sector amounted to $520,000 over the period 1982-1990.

Basic data collection and analysis

15. UNFPA assisted the Government of Cape Verde in the amount of $700,000 to carry out its first population census in 1980, with the technical assistance of the United Nations. UNFPA also provided support for the 1990 census, also executed by the United Nations, in the amount of $850,000. An additional $250,000 was provided by the Netherlands Agency of International Cooperation. The assistance aimed at strengthening the capability of the Directorate of Statistics to collect and process data and at enhancing knowledge of the size, structure and socio-economic characteristics of the population for use in development planning. Preliminary results of the census are being used in preparing the third national development plan.

Population policy formulation and research

16. In 1986, UNFPA approved support for the establishment of a Population Unit in the Ministry of Planning, with the technical assistance of the International Labor Organisation (ILO). The aim was to establish the necessary groundwork for the preparation of a population policy. This activity started effectively in 1988 with the arrival of a consultant from abroad and the hiring of national staff. The

Population Unit has organized two national seminars and conducted the first national fertility survey. A planned survey on migration could not be implemented, however, and preparatory activities for formulating a national population policy were delayed owing to the lack of both national staff, who went abroad for training, and international staff, who had departed but had not been replaced immediately. However, the creation of the Inter-ministerial Commission on Population in 1989, together with the activities already undertaken, have paved the way for the formulation of a national population policy. UNFPA contributed $440,000 to this sector during the period 1988-1990 and $27,000 has been allocated for 1991.

Women, population and development

17. UNFPA assistance to this sector aimed at: (a) strengthening the technical capability of the Cape Verde Women's Organization to plan, execute and evaluate projects; (b) creating awareness among 75 women's groups on the status and rights of women, and on family health and family planning; and (c) developing income-generating activities for women in several women's centres. These activities, which were approved in 1988 with the ILO as executing agency, have not fully realized their objectives because of personnel constraints. The awareness-creation programme has not started yet, and income-generating activities have not been identified because of the need to revise the original work plan. UNFPA assistance amounted to $300,000 in 1989-1990 and $130,000 for 1991.

Other external assistance

18. Among the organizations active in population and related activities in Cape Verde are the United Nations Children's Fund (UNICEF), WHO, and the World Food Programme (WFP). UNICEF's assistance aims at: (a) reducing the infant mortality rate; (b) improving the pre-school and primary education system; (c) promoting women's activities; and (d) increasing the coverage of safe drinking water services and of sanitation. UNICEF also provided essential drugs for children and pregnant women in the period 1986-1989. Yearly assistance is approximately $1.5 million. UNFPA has started discussions with UNICEF for the introduction of family life education into its programme.

19. WHO supported the provision of basic health services in Cape Verde with a programme of $1.2 million in 1988-1989. Activities include, among others, the development of human resources and the promotion of primary health care. WFP assistance to Cape Verde has included support to school canteens, vulnerable population groups and co-operatives. WHO, France and the European Community are supporting the programme to help combat AIDs. Staff of the UNFPA-supported project on sex and family life education will work closely with the Health Education Unit of the Ministry of Health to ensure that information on AIDS is widely disseminated and is incorporated into family life education programmes in and out of schools.

20. The United States Agency for International Development (USAID) plans, during 1990-1992, to strengthen the national MCH/FP sector through training nurses and auxiliary nurses, furnishing equipment and supplies for the MCH/FP centres, conducting IEC campaigns and carrying out studies on the situation of maternal and child health. The nurses' training and IEC activities would be undertaken jointly with UNFPA.

21. The Swedish non-governmental organization (NGO), Radda Barnen, has assisted the Government of Cape Verde since 1977 in activities designed to strengthen the family and protect children. Radda Barnen plans to strengthen the family planning programme through the assignment of a resident expert

specializing in training. The presence of this expert would complement USAID and UNFPA assistance to the training component of the MCH/FP programme.

IV. PROPOSED PROGRAMME 1991-1995

22. The proposed programme is in synchrony with the Government's development plan, and takes account of possibilities of collaboration with other United Nations agencies and bilateral agencies interested in supporting population programme activities. The long-term objectives of the proposed programme are presented in paragraph 3 above. These objectives are designed to help the Government of Cape Verde to realize its development goals, in particular the demographic objectives that it has set. These are: (a) reducing the fertility level from 6.3 children per woman in 1980 to 4.7 by the year 2000; (b) reducing infant mortality rates to 40.6 per 1,000 by 1995-2000; and (c) increasing life expectancy from 61.5 years in 1985-1990 to 66.3 by 1995-2000. In order to achieve the above objectives, the programme strategies would be to assist the Government in: (a) consolidating the country's institutional capability to deal with population programmes; (b) improving population data analysis and research; (c) enhancing the involvement of men in family planning activities; (d) extending MCH/FP service delivery; and (e) increasing the participation of women in development planning.

Maternal and child health and family planning

23. UNFPA assistance in the field of MCH/FP aims at improving the health of mothers and children by reducing the number of births and by enabling each couple to decide freely the number of children to have. The PRSD mission found that although the integrated MCH/FP services seem to function quite well, the vertical structure of the health system makes it extremely difficult to integrate MCH/FP services into health services at the local level. Access to information, especially by adolescents, on existing family planning services or available methods of contraception is very limited. The at-risk target groups are not clearly identified, and there is inadequate information on their needs. UNFPA assistance would therefore focus on: (a) formulating a national family planning programme with quantifiable targets and with special attention on meeting the needs of women and adolescents and on involving males in family planning activities; and (b) strengthening and expanding MCH/FP services and information by also involving NGOs and communities and improving programme management. UNFPA would continue to provide contraceptives based on the projections to be made under the national family planning programme.

24. USAID and UNFPA are assisting the Government in developing a policy framework for family planning activities. This will require, among other things, in-depth analysis of the results of the 1988 fertility survey to provide baseline data for the programme, a study to determine the groups at highest risk and how to reach them, and preparation of the contents of the family life education and family planning messages to be included in the curricula of schools and other IEC training programmes. The Fund would also seek to incorporate family life and family planning education in the UNICEF training programme for TBAs. Other activities would include the improvement of the management information system and the training of regional-level staff in programme management and of auxiliary health staff in family planning communication techniques. As its share, UNFPA proposes assistance in the amount of $750,000 for strengthening of integrated family planning activities. An additional $250,000 would be sought from other sources, including multi-bilateral resources.

Information, education and communication

25. The PRSD mission found that knowledge about population programme activities in Cape Verde is low. Since there is no population IEC strategy, activities in this sector are dispersed and generally respond to needs on an ad hoc basis. As a result, resources are used inefficiently. This situation is compounded by a lack of personnel trained in planning IEC activities. This has hampered the production of IEC materials, which though few in number were found to be satisfactory. UNFPA assistance in this sector would therefore aim at providing support to all population activities, especially those designed to increase awareness of population problems and the need for a population policy and programme. In view of the pivotal role of the IEC sector in such activities, UNFPA assistance would focus on: (a) intensifying information activities directed at opinion leaders and politicians; (b) improving the knowledge and understanding of men, youth and adolescents of fertility behaviour; and (c) increasing the participation of mass organizations, such as the Women's Organization and the National Youth Organization in the dissemination of information and mobilization of public support for family planning activities.

26. Seminars, meetings and debates on the interlinkages between population and development would be undertaken to sensitize politicians, public officials, community leaders and the public at large to the need for a formalized population policy. These would be carried out under the guidance of the Population Unit and would seek the active involvement of the Women's Organization and the National Youth Organization. The successful implementation of the activities in this sector would require the full support of the Family Life Education Unit at the Ministry of Health and Social Affairs. The Unit would also have to co-ordinate its activities with those of other agencies in order to increase the visibility of the multisectoral population programme and to demonstrate the linkages between the various sectors concerned. The technical capability of the Unit would be strengthened through training in the production of audio-visual and didactic materials. Socio-cultural research to determine the audience profile would be undertaken.

27. Family life education components would be integrated into the training activities being undertaken by other United Nations organizations, by religious and non-governmental organizations, and by bilateral donors. UNFPA would promote the involvement of young males in population activities through activities offered at the National Youth Organization. Intensive training in population and family life education would be conducted for the members of the National Youth Organization to strengthen their capability in disseminating information on population and in peer counselling.

28. UNFPA would provide support for the development of the family life education component in the formal education system at all levels of that system. It is envisaged that UNFPA support would cover curriculum review, development and testing; training of trainers, and sensitization of parents and community leaders. UNFPA would provide $600,000 to the population IEC sector. An additional $400,000 would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

29. The PRSD mission noted that although much has been done to make data available for planning purposes, much also remains to be done. Data collection must be followed by data processing, analysis and dissemination of the results. Cape Verde does have a national institute where data processing activities can be carried out, but it lacks trained personnel, having only one systems analyst and no demographer. UNFPA assistance therefore aims at strengthening the population database and improving knowledge of the socio-cultural context so as to provide reliable data for programme formulation. To this end, training

activities would be carried out in order to increase the number and improve the technical capability of personnel to collect and analyze data. Special attention would be given to disaggregating data by gender in order to facilitate analysis and use in planning.

30. The Government is especially interested in obtaining a reliable information base from diverse sources on the dynamics of the Cape Verdean population in order to become less dependent on the population census. The creation of a national sample framework is under study so that regular updates can be obtained. Since the civil registration system functions relatively well, it would be possible with quite modest inputs to strengthen the link between civil registration and the National Statistics Office so that a viable source of vital statistics could be established. UNFPA would provide $300,000 for activities in this sector. An additional $150,000 would be sought from other sources, including multi-bilateral sources.

Population policy formulation

31. The PRSD mission noted that the Government plans to formulate a population policy to provide a framework for the co-ordination and monitoring of multi-sectoral population programme activities, to help set and evaluate targets and to ensure optimal effectiveness of the Cape Verdean population programme. It found that the Government is aware of the country's population problems, especially those related to youth, and that the country is making progress towards achieving its demographic objectives. In this sector, UNFPA would assist the Government in formulating and adopting a comprehensive and coherent population policy. To reach this objective, efforts would focus on developing the requisite national skills, developing socio-cultural research on the nature, causes and consequences of fertility behaviour, and raising awareness among leaders, planners and the public at large as to the need for a population policy.

32. Additional studies and research into specific themes such as migration patterns and determinants of family size would be undertaken to obtain more information on the nature, causes and consequences of demographic trends in the country. UNFPA assistance would also support long-term and short-term training in demography, and in the interrelationship between population and development in order to provide the country with the personnel required to formulate, monitor, and evaluate population activities. Seminars, conferences, debates and computer models would all be used to help raise awareness of population issues among public servants. Information campaigns would be organized nationally and subregionally to sensitize the public at large and to obtain their support for a national population policy. Mass organizations would be used for such popular events. An amount of $600,000 would be provided for these activities. An additional $150,000 would be sought from other sources, including multi-bilateral sources.

Women, population and development

33. UNFPA assistance in the area of women, population and development would aim at enhancing the status of women in the family and society and promoting their participation in development planning. UNFPA would support the involvement of the Women's Organization in all population activities and would strengthen its capability in defining population information and in promoting the status of women. The Fund would continue to aid the Women's Organization in carrying out activities such as income-generating projects and literacy and family life education programmes. Joint ventures would be pursued with other donor agencies, in particular in the preparation of a women-in-development strategy and programme, the aims being to provide a framework for donor activities and to facilitate co-ordination. A joint effort would also be made to improve the existing database on women, in part by conducting in-depth analyses of the results of the fertility survey and the census. Market studies would be undertaken to help women's groups

identify the most feasible income-generating activities. Additional training on family life education and family planning topics would be considered for traditional birth attendants and kindergarten field workers, in view of their crucial positions in the community. A programme to sensitize rural women on their rights and privileges and on the family code would be integrated into the literacy programme. In view of the strong political influence of the Women's Organization, its support and involvement in the preparation of the population policy would be sought. A total amount of $150,000 is requested for this area to complement activities undertaken by UNDP and the United Nations Development Fund for Women (UNIFEM). An additional $550,000 would be sought from other sources, including multi-bilateral sources.

Programme reserve

34. An amount of $100,000 has been set aside as a reserve to cover unforeseen activities falling within the context of the present programme. This reserve may be allocated, in total or in part, to any of the above sectors.

Programme co-ordination

35. Cape Verde receives assistance from several bilateral and multilateral donors. This is channelled through the national development plan, under the overall responsibility of the Ministry of Planning and Co-operation. The recently created Inter-ministerial Commission on Population is responsible for co-ordinating population activities in Cape Verde, although it will have to be strengthened somewhat before it can perform this function effectively. The UNDP Resident Representative, who is also the UNFPA Representative, is responsible, subject to the overall direction of the Government and within the context of the Joint Consultative Group on Policy (JCGP), for co-ordinating the activities of the United Nations organizations active in the country. Programme collaboration will be included for example in MCH/FP activities with UNICEF and USAID (see paras. 18 and 24) and in the area of women, population and development with UNIFEM and UNDP (see para. 33).

Monitoring, evaluation and management

36. UNFPA would continue to monitor the programme and all projects in accordance with standard guidelines. The UNFPA field office in Dakar, Senegal, would supervise and monitor the execution of the programme on a continuing basis and would visit the country as often as required. Projects would be monitored with the technical assistance of regional advisers of various United Nations organizations. Training of national staff in programme and project management and monitoring would be undertaken. Progress reports would be prepared by the nationals on a regular basis for use by the Inter-ministerial Commission, which would meet at least twice a year. Prompt implementation of recommendations of tripartite review meetings would be sought. A mid-term review is planned for 1993 to evaluate the execution of the programme. To the extent possible, this review would be organized at the same time as the UNDP mid-term review.

Financial summary

37. As indicated in paragraph 1, UNFPA proposes to support a programme of $4 million, of which $2.5 million would be committed from UNFPA's regular resources. If UNFPA's funding situation permits, the balance of up to $1.5 million may be provided by UNFPA. If and to the extent this is not the case,

UNFPA would seek to cover the shortfall from other sources, including multi-bilateral sources. The table below shows how the programme would accommodate the two levels of funding:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	750,000	250,000	1,000,000
Information, education and communication	600,000	400,000	1,000,000
Data collection and analysis	300,000	150,000	450,000
Population policy formulation	600,000	150,000	750,000
Women, population and development	150,000	550,000	700,000
Programme reserve	100,000	--	100,000
TOTAL	2,500,000	1,500,000	4,000,000

V. RECOMMENDATION

38. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Cape Verde in the amount of $4 million for five years;

(b) Authorize the Executive Director to commit an amount of $2.5 million from UNFPA's regular resources;

(c) Further authorize the Executive Director to provide the balance of up to $1.5 million from UNFPA's regular resources, if such resources are available. If and to the extent they are not, further authorize the Executive Director to seek to cover the shortfall from other sources, including multi-bilateral sources;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Cape Verde and with the executing agencies.

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UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROGRAMMES AND PROJECTS

Recommendation by the Executive Director
Assistance to the Government of Bangladesh
Support for a comprehensive population programme

Proposed UNFPA assistance :	$35 million, of which $28 million is to be committed from UNFPA's regular resources. If UNFPA's funding situation permits, the balance of up to $7 million may be provided by UNFPA. If and to the extent this is not the case, UNFPA will seek to cover the shortfall from other sources, including multi-bilateral sources.
Estimated value of the Government's contribution:	To be determined
Duration:	Five years (1991-1995)
Estimated starting date:	January 1991
Executing agencies:	Government of the People's Republic of Bangladesh United Nations International Labour Organisation (ILO) Food and Agriculture Organization of the United Nations (FAO) United Nations Educational, Scientific and Cultural Organization (UNESCO) National and International NGOs
Government Co-ordinating agency :	Ministry of Health and Family Welfare

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91-09035

BANGLADESH

Demographic facts

Population Total (000)	
Total	115,593
Males	59,560
Females	56,033
Sex ratio (/100 females)	106.3
Urban	15,759
Rural	99,834
Per cent urban	13.6
Population in year 2000 (000)	150,589
Functional age groups (%)	
Young child: 0-4	16.5
Child: 5-14	27.4
Youth: 15-24	20.6
Elderly: 60+	4.6
65+	2.9
Women: 15-49	22.7
Median age (years)	17.7
Dependency ratios: total	87.9
(/100) Aged 0-14	82.5
Aged 65+	5.5
Agricultural population density (/hectare of arable land)	8.51
Population density (/sq. km.)	803
Average annual change (000)	
Population increase	3,325
Births	5,032
Deaths	1,707
Net migration	0
Annual population total (% growth)	2.69
Urban	5.57
Rural	2.19
Crude birth rate (/1000)	40.6
Crude death rate (/1000)	13.8
Net migration rate (/1000)	0
Total fertility rate (/woman)	5.13
Gross reproduction rate (/woman)	2.50
Net reproduction rate (/woman)	1.87
Infant mortality rate (/1000)	108
Life expectancy at birth (years)	
Males	53.1
Females	52.6
Both sexes	52.9
GNP per capita (U.S. dollars, 1988)	170

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national production per capita: World Bank, World Development Report 1990. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1988.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive programme in the amount of $35 million, of which $28 million would be committed from UNFPA's regular resources, over a five-year period, starting January 1991, to assist the Government of Bangladesh in achieving its population and development objectives. If UNFPA's funding situation permits, the balance of up to $7 million may be provided by UNFPA. If and to the extent this is not possible, UNFPA would seek to cover the shortfall from other sources, including multi-bilateral sources. This would be the fourth cycle of UNFPA assistance to Bangladesh and would follow the Government's fourth five-year plan (1990-1995) and the fifth cycle of UNDP's programme.

2. The proposed UNFPA programme, which would supplement and complement the Government's programme, is based on: (a) government priorities and strategies as elaborated in the fourth five-year plan, particularly those for the health and family welfare sector; (b) the findings and recommendations of a UNFPA Programme Review and Strategy Development (PRSD) mission as well as those of a UNFPA-organized study of the population programmes of four South Asian countries, including Bangladesh; and (c) extensive discussions with the senior officials of the Planning Commission and the various sectoral ministries, as well as with representatives of agencies of the United Nations system, universities, non-governmental organizations (NGOs) and bilateral donors in the population field.

3. The population goal of the Government is to regulate the population growth rate by achieving a net reproduction rate of 1 by 2005. Targets set in the fourth five-year plan include: (a) increasing the contraceptive prevalence rate from about 33 per cent in 1989 to 50 per cent in 1995; (b) reducing the crude birth rate from 35.2 per 1,000 to 30.1 and the crude death rate from 13.6 per 1,000 to 12.0; and (c) reducing infant mortality from 110 per 1,000 live births to 80 per 1,000 and reducing maternal mortality from 5.7 per 1,000 deliveries to 4.5. The population growth rate is targeted to drop from 2.16 per cent in 1990 to 1.81 per cent by 1995. The strategy designed to achieve these goals focuses on mobilizing community participation, decentralizing programme management, increasing financial allocations, developing human resources and enhancing the role of non-governmental organizations (NGOs) in programme implementation. The government targets are quite high, and their achievement will require sustained and strong programme efforts.

4. The broad objectives of the proposed UNFPA programme would therefore be to assist the Government in: (a) building national capacity for policy analysis and for population programme planning, implementation, evaluation and co-ordination; (b) enhancing the outreach capability of the Ministry of Health and Family Welfare; (c) promoting the integration of women into mainstream development activities; and (d) institutionalizing formal and non-formal population information, education and communication (IEC). The strategy of the proposed programme includes: helping bridge critical gaps in key areas for which available assistance is considered inadequate; upgrading the quality and accessibility of maternal and child health/family planning (MCH/FP) services, with increasing emphasis on community participation, training, risk-approach assessment, and institutionalization of an effective management and monitoring system; defining a culturally-sensitive strategy for population IEC; developing a plan of action for implementing the Government's multi-sectoral strategy for mainstreaming women's concerns into development activities; and strengthening selected training and research institutions and establishing appropriate mechanisms for co-ordination between these institutions.

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5. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice, and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14(f)).

II. BACKGROUND

6. Bangladesh is the ninth largest and most densely populated country in the world (803 persons per square kilometre in 1990). According to United Nations population projections, the population has increased from approximately 43 million in 1951 to 90 million in 1981 to 115.6 million in 1990. The rate of natural increase of 2.2 per cent implies that the population will double in 32 years. If the Government's current target of a net reproduction rate of 1 (replacement level) by the year 2005 were achieved, the population could be expected to climb to 137 million by the turn of the century, and to about 154 million by the year 2010.

7. The majority (85 per cent) of the people of Bangladesh live in poverty. More than four fifths of the population live in rural areas and are involved largely in subsistence agriculture, which absorbs more than 70 per cent of the Bangladesh labour force. Rapidly increasing migration from rural to urban areas continues to heighten urban poverty. Pervasive malnutrition, mass illiteracy (75 per cent), endemic unemployment, high maternal and infant mortality, underemployment and landlessness are among the major problems affecting the people, especially women, who are even more disadvantaged socially, economically, legally and educationally than men. Economic conditions are characterized by an extremely low rate of savings and investment, low agricultural output (despite fertile soil and abundant water reserves), worsening terms of trade, decline in the real value of development co-operation, and increasing dependence on foreign aid. The GNP per capita of the country ($170 according to recent World Bank figures) is among the lowest in the developing world, its annual growth rate during the past two decades being merely 0.4 per cent. The total annual foreign exchange lost as a result of the crisis in the Gulf is estimated at $700 million.

8. Despite such socio-economic problems, the Government has made valiant efforts in tackling development problems. Total expenditure on health and related activities more than tripled during the period 1981/82 and 1987/88, resulting in improved health facilities and extended coverage. Between 1976 and 1986, the number of hospitals rose from 131 to 764, the number of registered doctors almost tripled, from 5,723 to 16,090, and the number of registered nurses increased by about five times. In addition, female employment outside the household increased, albeit only slightly, and the activities of the female labour force were diversified somewhat, encompassing some non-agricultural tasks. The programme to moderate population growth helped raise contraceptive prevalence levels from 18 per cent in 1981 to 33 per cent in 1989; and there is a growing awareness in the country of the linkages between demographic dynamics and development issues. The Government considers the population growth rate as the "number one problem", and there is a strong policy commitment at the highest level to resolve population issues.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

9. The Governing Council approved a total of $54 million for three UNFPA programmes in Bangladesh. The major emphasis of the third programme ($20 million for 1986-1990)) was on: (a) strengthening MCH/FP logistics and supplies and providing advisory support to the Ministry of Health and Family Welfare; (b) institutionalizing population IEC; and (c) enhancing management capabilities of NGOs. Within the framework of the UNFPA-supported programme, multi-bilateral funds from such donors as Norway, United Kingdom, the Netherlands, Belgium and Luxembourg were used to strengthen the MCH/FP programme in particular.

10. UNFPA assistance, along with that of other donors, helped, inter alia, to increase contraceptive prevalence from 25 per cent in 1985 to 33 per cent in 1989, reduce the birth rate from 39 per 1,000 in 1985 to 36.3 in 1989; and reduce infant mortality from 125 per 1,000 live births to 110 in 1989. UNFPA support also helped to strengthen the national institutions responsible for training family planning personnel and to develop guidelines for decentralizing programme management, monitoring, and for developing service statistics. Among the major constraints encountered were: (a) over-centralization of decision-making and lack of accountability at middle and lower levels of management; (b) lack of a population plan of action; (c) weak demand for family planning services and irregular and inadequate supply of contraceptives; (d) lack of a coherent national IEC strategy; (e) isolation of women from mainstream development activities; (f) inadequate integration of population variables into sectoral planning; and (g) lack of trained staff.

Maternal and child health and family planning

11. UNFPA provided $12 million to this sector during the third programme period with the aim of: (a) strengthening the MCH/FP service delivery system through support to logistics and supplies; and (b) enhancing the institutional capacity of the Ministry of Health and Family Welfare through the provision of technical advisory services, training of health personnel and the establishment of a Logistics and Supply Unit. As a result, approximately 8,300 family planning personnel have been trained in logistics, monitoring, inventory control, reporting and distribution of supplies. Improvements have taken place in the flow of commodities to district, sub-district and union levels. Moreover, the Government decided to increase systematically the number of female service providers at all levels of the health profession.

12. Despite its achievements, the project suffered from major constraints such as deficiencies in logistics support, poorly planned distribution of commodities at the district and local level, lack of operational knowledge and lack of supervision of paramedical staff. The ability to monitor in-country stocks or to make accurate forecasts of future needs at every level of the system is almost non-existent. These problems have been compounded by the lack of a regular and supportive supervisory system; absence of a good record-keeping system for effective service delivery and for monitoring, follow-up, and evaluation; inadequate training and skill updating at various levels; and a fast turn-over in programme leadership at the national level. These, coupled with the lack of adequate emphasis on the improvement of MCH/FP services, prevented the programme from attaining its demographic and MCH goals during the third five-year plan.

Information, education and communication

13. A total of 97,466 teachers were trained in population education during the first (1976 to 1980) and second (1980 to 1985) five-year plans. UNFPA and the International Development Association (IDA) provided support during the first plan period, and UNFPA alone during the second, in order to introduce

population education at various levels of the education system. Although many teachers were trained, population education was not effectively institutionalized in the formal school system. This was due primarily to the abrupt termination in 1985 of the programme, which had lost its momentum. Among the shortcomings of the programme were the failure to extend population education to all classes and a crowded education curricula that could not accommodate the addition of new subjects. As a result, there is no institutional mechanism to formulate population education guidelines and subjects for the school curriculum.

14. In the non-formal IEC area, UNFPA allocated approximately $1.75 million in order to strengthen information, education and motivational activities in support of the MCH/FP programme. Funds were provided for technical assistance, training, material production, equipment, and local salary support. As a result, thousands of community and religious leaders have been made aware of the importance of family planning and front-line MCH/FP staff have received training in communications techniques. This was accompanied by a vigorous information campaign that has resulted in a near universal knowledge of family planning.

15. UNFPA also provided technical assistance, equipment and local-salary support for a project to motivate members of rural co-operatives to use family planning services. Activities were carried out in 76 of 460 sub-districts of the co-operative societies, and population education was incorporated into various training institutes concerned with rural development and rural co-operatives. Although these activities achieved their objectives in terms of raising the contraceptive acceptance rate among co-operative members, implementation suffered somewhat because of the insufficient training of volunteers and the lack of effective interaction among co-operative officers.

16. Notwithstanding these achievements, activities in this area fell short of creating an effective demand for family planning; for instance, while the level of awareness is high, the level of contraceptive acceptance, including traditional methods, is only 33 per cent. The PRSD mission found, inter alia, that there was no IEC strategy, that the findings of various studies were neither adequately used nor fed back into the programme, and that management had been weak in terms of planning, timely monitoring and co-ordination within directorates of the Family Welfare Ministry and with outside agencies.

Data collection and analysis

17. Bangladesh has conducted two censuses, the first in 1974 and the second in 1981. UNFPA has provided assistance for each. A third census will be conducted in 1991, again with UNFPA support (see para. 29). The major constraints in the area of data collection and analysis have been: (a) lack of comparability of data; (b) underutilization of available data; (c) ineffective dissemination of results; and (d) lack of skills for data analysis and research.

Multisectoral activities

18. In addition to the above activities, UNFPA supported four small-scale projects aimed at strengthening the management capabilities of NGOs; integrating family planning training into the parasite control/nutrition programme and into family welfare education, and introducing population issues in the literacy programme.

Other external assistance

19. Besides UNFPA, major external assistance for the population programme comes from the World Bank, the United States Agency for International Development (USAID), the Asian Development Bank (ADB), and the United Nations Children's Fund (UNICEF). Bilateral donors like the Swedish International Development Authority (SIDA) and the British Overseas Development Administration (ODA) also contribute directly. The total assistance of the World Bank and its co-financers was approximately $207 million for the five-year period (1985-1990). The basic components supported were infrastructure costs, including salaries of field workers, procurement of drugs and equipment, and training of personnel. The bulk of USAID funds are channelled through NGOs and contraceptives social-marketing projects. USAID decided to discontinue the supply of condoms to the Family Welfare programme as from September 1990.

IV. PROPOSED PROGRAMME 1991-1995

20. The proposed programme would be an integral part of the Government's population programme. The broad objectives of the programme are presented in paragraph 4 above. Specific objectives are provided in the individual sectors that follow. The main thrust of the programme would be to create the conditions that the PRSD mission identified as essential to the success of the programme, namely: improved management and efficiency of service delivery; assured and regular supply of contraceptives; focused community based IEC strategy with clear objectives and specific targets; and effective co-ordination of activities between the Government, NGOs, donors and the private sector. Key activities recommended by the PRSD mission would include helping the Government: (a) to formulate a national population plan of action, bridge critical gaps in policy analysis and research, and improve access to and utilization of census and survey data; (b) to develop a low-cost, community-based programme aimed at reducing high maternal mortality and improving the quality of integrated MCH/FP services; (c) to develop an effective management information system (MIS) and upgrade procurement and monitoring functions of the logistical support system; (d) to integrate women fully into the development process; and (e) to promote the full integration of population education into the formal school system and into selected training institutions.

Maternal and child health and family planning

21. The high rate of maternal and infant mortality and the need to improve the health status of mothers and children are among the most pressing issues in Bangladesh. Among the major causes of maternal mortality are septic abortion, haemorrhage, eclampsia, obstructed labour and infection. According to a 1989 government report on maternal health, three mothers die every hour from causes related to pregnancy. Socio-cultural and religious beliefs and practices discourage women from making use of available services; acute malnutrition and under-nutrition compound the problem. Over 90 per cent of all deliveries take place at home, especially in the rural areas, and very few of these are attended by trained traditional birth attendants (TBAs). An added difficulty is the lack of government capacity to handle such functions as planning, logistics information management, forecasting, and procurement, which are currently being performed by outside technical advisers and donors. Serious gaps also exist in the generation of information and its feedback to and utilization by managerial and supervisory personnel.

22. UNFPA assistance in the MCH/FP area would focus on improving the quality of integrated MCH/FP services in the Rajshahi Division (14 districts covering approximately a quarter of the population), where service accessibility is poor, the women are more conservative than in other divisions, the literacy rate

is relatively low and there is very little intervention by other donors. The major activities of this component (in the amount of $10 million) would consist of training and retraining health personnel; enhancing and extending service delivery; and creating and strengthening referral linkages between local maternal and child welfare centres and health facilities at the sub-district, union and district level. Other components of the UNFPA programme would focus on: (a) enhancing the outreach of services by providing satellite clinics with contraceptive supplies and adequate staff and equipment to provide pre- and post-natal services and counselling, and by developing family planning modules for TBAs, who would be trained by UNICEF ($3 million); (b) institutionalizing logistics monitoring and information management within the Directorate of Family Planning through the development and training of staff ($2 million); (c) strengthening the capacity of the Directorate of Family Planning to plan, execute and monitor programmes in order to ensure the timely preparation and effective evaluation and monitoring of projects ($500,000); (d) conducting contraceptive research to identify the programme implications of use of certain methods of contraception ($500,000); and (e) setting up facilities for infertility management and the treatment of complications resulting from surgical contraceptive procedures ($1 million).

23. Supply of contraceptives. Raising the contraceptive prevalence rate from 33 per cent in 1989 to 50 per cent in 1995 would require increasing the number of acceptors from the existing 7.6 million to 1' 3 million. Given the mix of methods proposed by the Government for the fourth five-year plan period ..e cost of the contraceptives needed would be of the order of $108 million. UNFPA would provide $4 million worth of injectables, to be distributed mainly through the satellite clinics, and $500,000 for procurement of intra-uterine devices (IUDs). The volume of contraceptives required raises questions of self-sufficiency not only in procurement but also in the production of contraceptives. The Government has therefore requested UNFPA to help it initiate the production of contraceptives locally. UNFPA proposes an amount of $1.5 million to conduct a feasibility study on the local production of contraceptives, to train personnel and cover some initial costs.

24. UNFPA proposes a total of $23.5 million for the MCH/FP sector, out of which $17.5 million would come from UNFPA regular resources and $6 million would be sought from other sources, including multi-bilateral sources.

Information, education and communication

25. Population education. UNFPA proposes to provide $2 million to support the full institutionalization of population education in the country's educational system. The funds would be used to: (a) provide technical assistance to the National Curriculum and Textbook Board (NCTB) to enable it to integrate population content into the curricula of the school system; (b) introduce population education into teacher training colleges and primary teacher training institutes as well as into in-service training programmes; and (c) undertake evaluation and research. The proposed project would be part of the multi-donor General Education Project to be launched in 1991 in collaboration with UNDP, UNICEF, the Canadian International Development Agency (CIDA), ADB and IDA.

26. Non-formal IEC. As indicated above, the Government has not yet developed a national IEC strategy. This has contributed to the following major gaps in previous IEC activities: (a) lack of audience segmentation and targeted messages; (b) absence of a feedback system for the development of new messages; (c) lack of attention to opinion leaders; (d) lack of socio-cultural research to aid message differentiation; (e) need for improved skills in interpersonal communications; and (f) the unresolved issue of relatively high awareness (approximately 93 per cent both nation-wide) and low contraceptive acceptance (33 per cent).

27. In order to help the Government to address these gaps, UNFPA proposes: (a) to provide regular and refresher training for all IEC personnel in communication and related skills; (b) to build up the capability of the Population Information Centre and the IEC Unit of the Directorate of Family Welfare to develop and disseminate IEC materials; (c) to promote awareness on the status of women as well as on the interrelationship between population and development, by targeting segmented groups and strengthening the Health Education Bureau to convey family welfare and MCH messages; (d) to introduce population communication into the curriculum of the Mass Communication Department of the University of Dhaka; and (e) to provide family welfare education to co-operatives and extension workers. An amount of $3 million is proposed for these activities.

28. UNFPA also proposes to integrate population issues and family welfare messages into the mass education programme being supported by UNDP, UNICEF and UNESCO to address the special education needs of three target groups -- remedial education for the non-schooled and school drop-outs under 14 years of age; functional education for those aged 15-34; and follow-up post-literacy and continuing education for those 35-45 years of age. The aim of the programme is to increase the literacy rate of the age group 11 to 45 years from 30 per cent to 60 per cent. UNFPA would also support the launching of a parallel IEC campaign aimed at special groups, including youth and members of the Village Defence Party, which has been instructed by the Government, among other things, to use its grass-roots network to influence villagers to accept family planning services. UNFPA would provide $300,000 for these two undertakings.

29. UNFPA proposes a total of $5.3 million for the IEC sector, of which $300,000 would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

30. Despite the general availability of data, the data often lack consistency, which raises the question of credibility. Moreover, the national capacity for utilizing statistical data for planning and evaluation purposes is almost non-existent. There is a need therefore to authenticate existing data and to improve the collection, dissemination and utilization of data for planning purposes, at both the national and the local levels. UNFPA proposes to provide $700,000 from its regular sources and $300,000 from other sources to support the Bangladesh Bureau of Statistics in: (a) carrying out the analysis, publication and dissemination of the 1991 census results; (b) making greater use of census data, particularly at the district and sub-district levels; (c) incorporating the relevant data in all local development plans; (d) strengthening institutional capability in developing and disseminating census monographs and in thematic mapping; (e) establishing an integrated geographic information system and a population and development database; (f) disaggregating data on the participation of women in the labour force; and (g) carrying out a demographic and health survey with emphasis on maternal and child health and socio-economic correlates of infant and child mortality. These activities would be undertaken in collaboration with UNDP and other agencies active in these areas.

Population policy formulation

31. The population programme of Bangladesh is large and complex. There is a need to develop a national population plan of action to help co-ordinate the vast array of activities, institutions and donors supporting the population programme. This can best be accomplished through the Executive Committee of the National Council for Population Control (NCPC), the country's highest body for population policy formulation, and the population committees in the various sectoral ministries, which together would provide

an excellent mechanism for translating the policy decisions of the NCPC into national guidelines, operational strategies and programmatic activities. UNFPA therefore proposes to provide $700,000 to support the formulation of a national plan of action, strengthen the co-ordinating unit of the NCPC, and to undertake policy-related research and disseminate its findings.

Population dynamics

32. UNFPA proposes to provide $400,000 in order to strengthen government capability to co-ordinate population policy analysis and research and to fill critical research gaps in this area. Such assistance would be designed to enhance the national capacity to assess, monitor and evaluate important population trends and to train and develop sufficient human resources to undertake complex analytical tasks, including that of integrating population variables into development planning. In addition, with a view to strengthening the country's indigenous capacity to meet future needs in population and development planning, UNFPA would provide support to the University of Dhaka and other training and research organizations in order to build up a core group of research personnel. This would include training of government officials in the integration of population and development in sectoral planning exercises. The Fund would provide $200,000 for this purpose.

Women, population and development

33. The Government recognizes that the full participation of women in social and economic development is an absolute necessity. One of the stated objectives of the fourth five-year plan is to increase women's participation in the development process. The strategy adopted to achieve this goal is to incorporate women's issues in the country's macro-economic framework and in its sectoral planning. UNFPA activities in this area would thus seek to complement government efforts concerning the role of women in development, with particular emphasis on population considerations.

34. In order to help bridge some of the gaps identified by the PRSD mission, UNFPA proposes: (a) to strengthen the capacities of the Planning Cell in the Ministry of Women's Affairs to plan, screen, evaluate and co-ordinate women's projects in the sectoral ministries; (b) to build the capacity of the Ministry of Women's Affairs to monitor and implement women's programmes and to enhance its advocacy role; (c) to establish a management information system on women and development issues to be used for decision making and policy purposes; (d) to undertake a survey of women's participation in the labour force; (e) to help women without adequate credit to take advantage of existing credit programmes for women, to enable them to launch income-generating schemes. UNFPA proposes an amount of $2.4 million for these undertakings.

35. UNFPA also proposes to provide $1 million for four interrelated activities: extending pilot community-based education programmes specifically designed to help reduce the number of female drop-outs; supporting the Government's scholarship fund for female students to enable them to continue their studies; strengthening the management capabilities of NGOs working in the field of women in development; and raising awareness on the role of women in population and development activities. To the extent possible, UNFPA would seek joint undertakings with other organizations, particularly with UNDP and UNICEF, in implementing women's programmes.

36. Of the total of $3.4 million being proposed, UNFPA would provide $3 million from its regular resources, and $400,000 would be sought from other sources, including multi-bilateral sources.

Programme reserve

37. A reserve of $500,000 would be set aside from UNFPA regular resources to meet unforeseen needs that may arise during the period of the programme.

Programme co-ordination

38. The Ministry of Health and Family Welfare is responsible for overseeing the overall co-ordination of the population programme and for ensuring that such co-ordination looks beyond population aspects to prospects for joint programming involving other ministries under the overall direction of the NCPC. Given the magnitude of external assistance in Bangladesh, it is essential that the Government and all major donors meet periodically to exchange programme information and discuss ways to improve co-ordination. For its part, the UNFPA field office in Dhaka would ensure that UNFPA-sponsored missions and consultants would systematically be briefed by the various donors and executing agencies to keep them abreast of important developments in the country. The field office would also seek to ensure that evaluation results and the findings of population-related studies and reviews are exchanged among government ministries, donors and executing agencies. The proposed programme includes several areas of collaboration with UNFPA's partners in the Joint Consultative Group on Policy (JCGP): for example, with UNICEF (see paras. 22, 25, 28 and 35) and with other agencies (see paras. 25, 28, 30 and 35).

Programme monitoring, evaluation and management

39. Mechanisms for periodic monitoring and evaluation, including annual technical reviews and independent in-depth evaluations, would be built into each programme component. A mid-term country programme evaluation would be undertaken in 1993. Progress indicators as well as verification tools and performance criteria would be developed with a view to ensuring application of lessons learnt and improving programme quality.

40. At the field level, the programme would be managed by the UNFPA Country Director under the overall supervision of the UNFPA Representative, who is also the Resident Representative of UNDP. The UNFPA Country Director would be assisted by one International Programme Officer, two National Programme Officers, and other support staff.

Financial summary

41. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $35 million, of which $28 million would be committed from UNFPA's regular resources. If UNFPA's funding situation permits, the balance of up to $7 million may be provided by UNFPA. If and to the extent this is not possible, UNFPA would seek to cover the shortfall from other sources, including multi-bilateral sources. The following table shows how the programme areas would accommodate these two levels of funding.

	UNFPA regular resources	Other resources	Total
Maternal and child health and family planning	17,500,000	6,000,000	23,500,000
Information, education and communication	5,000,000	300,000	5,300,000
Basic data collection and analysis	700,000	300,000	1,000,000
Population policy formulation	700,000	--	700,000
Population dynamics	600,000	--	600,000
Women, population and development	3,000,000	400,000	3,400,000
Programme reserve	500,000	--	500,000
TOTAL	28,000,000	7,000,000	35,000,000

V. RECOMMENDATION

42. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Bangladesh in the amount of $35 million for the five-year period 1991-1995;

(b) Authorize the Executive Director to commit an amount of $28 million from UNFPA's regular resources;

(c) Further authorize the Executive Director to provide the balance of up to $7 million from UNFPA's regular resources, if such resources are available. If and to the extent they are not, further authorize the Executive Director to seek to cover the shortfall from other sources, including multi-bilateral sources;

(d) Authorize the Executive Director to allocate the funds and make suitable arrangements with the Government of Bangladesh and with the executing agencies.

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UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROGRAMMES AND PROJECTS

Recommendation by the Executive Director
Assistance to the Government of Honduras
Support for a comprehensive population programme

Proposed UNFPA assistance:	$7.5 million, of which $5 million is to be committed from UNFPA's regular resources. If UNFPA's funding situation permits, the balance of up to $2.5 million may be provided by UNFPA. If and to the extent this is not the case, UNFPA will seek to cover the shortfall from other sources, including multi-bilateral sources.
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1991
Executing agencies:	Government of Honduras United Nations International Labour Organisation (ILO) United Nations Educational, Scientific and Cultural Organization (UNESCO) World Health Organization (WHO)
Government co-ordinating agency:	Ministry of Planning

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HONDURAS

Demographic facts

Population Total (000)	
Total	5,138
Males	2,592
Females	2,546
Sex ratio (/100 females)	101.8
Urban	2,240
Rural	2,899
Per cent urban	43.6
Population in year 2000 (000)	6,846
Functional age groups (%)	
Young child: 0-4	17.0
Child: 5-14	27.6
Youth: 15-24	20.8
Elderly: 60+	5.0
65+	3.3
Women: 15-49	22.7
Median age (years)	17.4
Dependency ratios: total	91.8
(/100) Aged 0-14	85.5
Aged 65+	6.3
Agricultural population density (/hectare of arable land)	1.78
Population density (/sq. km.)	46
Average annual change (000)	
Population increase	166
Births	206
Deaths	40
Net migration	0
Annual population total (% growth)	3.0
Urban	4.73
Rural	1.54
Crude birth rate (/1000)	37.1
Crude death rate (/1000)	7.2
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	4.94
Gross reproduction rate (/woman)	2.41
Net reproduction rate (/woman)	2.16
Infant mortality rate (/1000)	57
Life expectancy at birth (years)	
Males	63.7
Females	68.0
Both sexes	65.8
GNP per capita (U.S. dollars, 1988)	860

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national production per capita: World Bank, World Development Report 1990. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1988.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive programme in the amount of $7.5 million, of which $5 million would be committed from UNFPA's regular resources, over a five-year period starting January 1991, to assist the Government of Honduras in achieving its population and development objectives. If UNFPA's funding situation permits, the balance of up to $2.5 million may be provided by UNFPA. If and to the extent this is not possible, UNFPA would seek to cover the shortfall from other sources, including multi-bilateral sources.

2. The proposed programme has been designed to fit within the Government's overall population strategy and to complement national population activities. The programme is also based on the findings and recommendations of the Programme Review and Strategy Development (PRSD) mission carried out in October 1990.

3. The main objectives of the programme are to contribute to: (a) a decrease in the high fertility rate; (b) a decrease in maternal and child mortality and morbidity; (c) a decrease in adolescent pregnancy; (d) the improvement of the living conditions of urban marginal populations; and (e) the improvement of women's social and economic situation.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with nationally and internationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

5. Comparing the results of the 1974 and 1988 population censuses, the population of Honduras grew over this period at an annual rate of not less than 2.8 per cent. When the data are corrected for omissions, the annual growth rate rises to 3.2 per cent, according to the provisional projections made by the Population Department of the Ministry of Planning. (Official United Nations estimates are given on the fact sheet on page 2.) These figures would make Honduras one of the countries with the highest population growth in Latin America and the Caribbean. While mortality is decreasing, fertility has undergone relatively less change, and as a result the country has remained in a demographic transition phase characterized by an acceleration of the growth rate. The total fertility rate has been estimated for 1990 at 5.2 children per woman of childbearing age, which would mean a decrease of 29 per cent over the past 25 years. Preliminary data from a national study on maternal mortality indicate a level of 230 deaths per 100,000 live births. The death rate has decreased by at least 10 per 1,000 reflecting both a real decline in mortality and the effects of a prevailing very young age structure resulting from long periods of high fertility. Life expectancy is estimated at 65 years for 1990. Infant mortality is estimated at 62 per 1,000 live births.

6. Information derived from the two most recent population censuses shows considerable rural to urban migration, particularly to the two main cities, Tegucigalpa and San Pedro Sula. It is worth pointing out that the two cities present an example of bi-polar urban concentration, something uncommon in the

urbanization process in Latin America. This process of urban concentration is taking place at the same time that there is a growing dispersal of the rest of the population, as reflected in the 1988 census, which shows that 57 per cent of the population lives in localities with less than 1,000 inhabitants.

7. Population growth is contributing to the deterioration of the environment, as the firewood and overgrazing crisis is demonstrating in various parts of the world. In Honduras, 80 per cent of total household energy demand is met by firewood and charcoal, and there is much indiscriminate felling of timber. The national forest stock has decreased by 20 per cent over the past two decades.

8. Provisional projections up to the year 2025 made by the Ministry of Planning indicate that in the year 2000 Honduras will have a population of 6.8 million, with a total fertility rate of 4.3, a life expectancy of 67, an infant mortality rate of 52 per 1,000 live births and a growth rate of 2.7 per cent. This population will already be beginning to show an incipient process of demographic aging and an expansion of the working-age population, which will place strong pressure on the labour market, particularly in urban areas.

9. Honduras is one of the poorest countries in the Western Hemisphere, and is one of three UNFPA priority countries in the region. Extreme poverty affects over 50 per cent of the population nationally and nearly 80 per cent of the rural population. The poverty problem is aggravated by the rapid population growth. According to the World Bank, the economic performance of Honduras in 1989 reflected fundamental structural weaknesses in the economy that made long-term growth unsustainable unless a major economic programme were implemented. Real gross domestic product growth declined from 4.7 per cent in 1988 to 2.1 per cent in 1989, a rate below that of population growth.

10. The health indicators reflect acute problems, such as relatively high levels of preventable illness, lack of sanitation, inadequate diets and deficient coverage of the primary health care system. According to a 1987 nutrition survey, undernutrition affects 38 per cent of the children younger than 5 years of age. The undernutrition rate for rural areas is 42 per cent and over 55 per cent in some of the poorest areas. The primary cause of death and morbidity is diarrhea, indicating a severe sanitation problem.

11. Honduras has not adopted a population policy as such. However, a number of population units and groups have been created and have carried on activities in different sectors. In 1979, population units were established in the Ministry of Planning and in the Ministry of Education. In 1989 the National Autonomous University of Honduras created a Population Teaching and Research Unit (UDIP) within the School of Economics to provide postgraduate training. The Ministry of Health provides support to family planning as a component of maternal and child health through the reproductive risk approach.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

12. In 1978, UNFPA undertook a needs assessment mission, which led to the approval by the Governing Council of the first country programme for Honduras in an amount of $4.3 million. Based on the recommendations of a needs assessment mission undertaken in 1986, a second country programme for the period of 1987-1991 was approved by the Governing Council in an amount of $3.3 million. During this period, Honduras improved its implementation rate considerably and consistently, which led to the completion of the programme one year ahead of schedule.

13. Major achievements of this programme were the Population and Housing Census in 1988; a decrease in the infant mortality rate and the total fertility rate; the Government's use of socio-demographic information in preparing its social and economic programmes; the establishment of a Population Teaching and Research Unit in the School of Economics of the Autonomous University with a postgraduate course in Population and Development and the development of population education teaching guides for all levels of the education system.

Maternal and child health and family planning

14. The Maternal and Child Health Division of the Ministry of Health receives a large amount of international support for the development of its programmes. In 1986 this amounted to $2.3 million and has increased as a result of technical co-operation from bilateral sources, including the United States Agency for International Development (USAID) and the Governments of Japan, Canada and Italy. USAID provides support to the Ministry with a project amounting to $57 million for the period 1988-1994, part of which is for activities focusing on maternal and child health including birth spacing. The United Nations agencies supporting the Ministry are the United Nations Children's Fund (UNICEF), the World Health Organization/Pan American Health Organization (WHO/PAHO) and UNFPA.

15. Family planning activities were initiated at the beginning of the 1960s with the activities of the Honduran Family Planning Association. In the public sector family planning was initiated in the 1970s, with a programme supported by USAID. This programme was discontinued in 1976 as a result of strong opposition in the country, but in 1983 the Ministry reintroduced family planning within the reproductive-risk-approach with the support of UNFPA and other international donors. In the private sector many non-governmental organizations (NGOs) have conducted family planning activities, especially the Family Planning Association, which has extended its activities nationally with strong USAID support and has become the main provider of family planning services in Honduras.

16. The prevalence of contraceptive use by married women, which was 27 per cent in 1981, reached 41 per cent in 1987, with 59 per cent in urban areas and 30 per cent in rural areas. In the cities, the most prevalent method is sterilization, whereas in the rural areas the use of oral contraceptives predominates.

17. UNFPA has been providing support to the Ministry of Health since 1977 with a project for the provision of maternal and child health services and family welfare. In 1985 UNFPA approved a project aimed at expanding the coverage of services to mothers, children and women of fertile age, particularly in rural and marginal urban areas, through the primary health care approach. The project has contributed to a decrease in the infant mortality and total fertility rates. This was achieved through an increase in prenatal visits, and in deliveries assisted by qualified personnel. The latter is mainly due to the increase in the numbers of trained midwives, which also helped to increase postpartum visits. The project trained 1,500 new midwives and provided continuing education for 5,000 others. Family planning educational and clinical activities extended their coverage and helped to increase the knowledge and technical capacity of physicians, nurses and health promoters to educate the public, refer cases and provide different contraceptive methods. An important contribution of the project was the participation of organized women's groups in educational activities.

Information, education and communication

18. The Ministry of Education's long-term objectives are to incorporate population education in formal and non-formal education programmes, raise the level of awareness of population topics among the adult population, encourage responsible decision-making in family life and contribute to the integration of women in development. UNFPA has supported the Ministry in the achievement of these objectives through a project that has designed teaching guides in population education for the primary and secondary levels, for the Teacher's College and for adult education. Using various media, this project has promoted awareness and motivation regarding population topics among parents, community leaders and representatives of the Government and private sector. It has provided training for the national technical team as well as for the rural women leaders of different organizations and has established a systematic methodology for the design of educational materials and is developing a system for follow-up and evaluation of these activities.

Data collection and analysis

19. The last census was conducted in May 1988 with the support of UNFPA and the United Nations Development Programme (UNDP). It is expected that by the end of 1990 a minimum of scheduled tabulations and related publications will have been completed. The first National Demographic Survey (NDS) was made in 1972, and the second in 1983. Both studies provided estimates of the most important indicators of demographic change. In addition, the National Epidemiology and Family Health Survey was conducted in 1987. Other types of surveys have also provided information on other aspects of population.

20. In line with the agreements signed by the Central American Governments with regard to refugee and displaced populations, UNFPA is supporting the Government's efforts to develop a national information system on displaced populations.

Population dynamics and policy

21. In conjunction with UNDP, since 1978 UNFPA has assisted the Population Unit and the Human Resources Unit within the Ministry of Planning in the development of socio-demographic studies and the incorporation of the results into the planning process. The studies have led to the identification of target groups and the definition of an evaluation methodology to assess the impact of social programmes. The information generated has been extremely useful to the Government for the formulation of its social policy, and has led to the creation of the Honduran Social Investment Fund, which is intended to mitigate the negative impact of structural adjustments.

22. UNFPA has also been assisting the Population Teaching and Research Unit in the National Autonomous University of Honduras since 1988. The Unit has found a solid base in the Faculty of Economics and within a relatively short time has earned recognition among academics and on the part of the Government for its role in training graduate students and for the quality of its publications and seminars.

Women, population and development

23. Various studies on the status of women have been conducted in Honduras, essentially on the basis of secondary data derived from the population and housing census and demographic and household surveys. The General Directorate of Statistics and Census, with the assistance of the United Nations Statistical

Office, has included a module on women in the semi-annual Multipurpose Household Survey, for the purpose of compiling information on their productive work.

IV. PROPOSED PROGRAMME 1991-1995

24. The long-range objectives of the programme are presented in paragraph 3 above. To address the most urgent population problems of Honduras today -- high fertility rate, high maternal mortality rate and the increasing proliferation of marginal areas in the cities as a consequence of displacement due to rural poverty -- a PRSD mission carried out in October 1990 recommended five global strategies as the basis for a national population programme. These are: (a) improvement of knowledge and dissemination of information on population and its relationships to development; (b) adoption of differentiated population and development policies; (c) institution building; (d) decentralization; and (e) community participation.

25. The immediate objectives of the programme are: (a) approval of a national population policy through increased awareness of population and development issues among politicians, technicians and the general public; (b) developing a MCH/FP model of service delivery based on an educational programme, decentralized planning, and the participation of NGOs and the community; (c) providing up-to-date data based on the results of the Population and Housing Census; (d) increasing national technical capacity in different sectors of the area of population and development; (e) integrating population variables in the planning of social and economic programmes; and (f) including gender issues in the planning and implementation of population programmes. One of the first activities of the proposed programme would be to develop quantitative measures of these objectives.

26. The programme strategy involves the development of actions at both national and local levels. The activities at the national level include: (a) a comprehensive approach to awareness-creation activities; (b) establishment of a central population unit to provide direction to the population programme; and (c) an analysis of the population census coupled with training activities to strengthen the national technical capacity. At the local level the programme would consist of three "demonstration projects" to serve as case studies for the implementation of broader population activities in three key areas: (a) use of socio-demographic data in decentralized development planning, focusing on the specific problem of a growing marginal urban population; (b) attention to the linkages between population and environmental problems, especially deforestation; and (c) provision of information, education and communication (IEC) and maternal and child health and family planning (MCH/FP) services through the strengthening of regional health areas, women's NGOs and community participation.

Maternal and child health and family planning

27. The programme proposes to support the Ministry of Health in the achievement of its objectives of reducing high maternal and child morbidity and mortality and increasing coverage in marginal urban and rural areas. Support would be provided for the Ministry's strategies of decentralization by including NGOs and the community in the improvement of health services, and for implementing the reproductive-risk-approach in the delivery of MCH/FP services. This would be achieved through the development of a model of MCH/FP service in a geographical area covering a marginal urban and a rural area. The target group would be women with reproductive risks, with special emphasis on adolescents.

28. The MCH/FP model would aim to strengthen the area of reproductive health in primary health care and to increase community participation through the training of traditional midwives to improve their performance. Community leaders, particularly of women's groups, and health promoters would also be trained to carry out a health education programme directed at the prevention of unwanted pregnancies and pregnancies of high-risk groups, sexually transmitted diseases and AIDs. The education programme would be based on socio-cultural research to identify educational needs and designed with the active participation of the community. This component is part of the IEC strategy that would be partly implemented through the MCH/FP sector. UNFPA would also support the training of professionals and technicians in reproductive health and family planning with emphasis on the acquisition of skills and the management of programmes.

29. The MCH/FP project would be co-ordinated with UNICEF's programme which includes an education component aimed at health workers, volunteers and midwives and a sex education component aimed at adolescents. Special efforts would also be made to co-ordinate the activities of the project with others donors, such as USAID. An amount of $3 million is proposed for this sector, of which $2 million would come from UNFPA regular resources and $1 million would be sought from other sources, including multi-bilateral resources.

Information, education and communication

30. A major priority of the IEC programme would be creation of awareness of population issues at different levels of the Honduran population. This would be undertaken primarily by the Population Teaching and Research Unit at the University (UDIP) and the Population Unit in the Ministry of Planning. UDIP would direct their activities to leaders in the economic, social and religious arena. The specific strategies proposed are the dissemination of easily accessible publications, the organization of high level conferences, seminars and workshops to discuss different aspects of population and development, and support for the Population Commission of the National Congress. The target group of the Population Unit in the Ministry of Planning would be government officials in different sectors, and it would pursue various strategies including discussion and working groups focused on the role of population in development.

31. Another important part of the IEC programme would be promotion of an environment conducive to informed decision-making with respect to reproductive behaviour. This line of action would be implemented through the development of the MCH/FP model of service in the Ministry of Health, specifically through the development of a health education programme with major emphasis on community participation and the educational role of women's organizations.

32. In order to improve human resources in the field of population, UNFPA would provide support for: (a) the Ministry of Education in incorporating population education in formal and non-formal education, and by providing assistance in the training of primary and secondary school teachers at the national level in the use of guides developed by the Ministry's Population Education Unit; (b) incorporating population education into the literacy and adult education programmes; (c) supporting the post-graduate course in population and development at the University as described in paragraph 22 above; (d) training staff in population and gender issues necessary for the planning, implementation and evaluation of projects, as discussed in the women, population and development section below (paragraphs 38 and 39); and (e) training of health professionals in reproductive health and family planning, especially in the acquisition of family planning and programme management skills as described in the section in MCH/FP. An amount of

$1.5 million is proposed for the population IEC sector, $500,000 of which would be sought from other sources, including multi-bilateral resources.

Data collection and analysis

33. The Directorate of Statistics and Census successfully carried out the Population and Housing Census in May 1988 with the support of UNDP and UNFPA. The new programme proposes to support the analysis of the census results needed for planning purposes. Support would specifically be provided for the expansion of the scope and content of tabulations, restructuring the census publication plan, and publication and dissemination of the analysis. To ensure appropriate co-ordination, support would be given for the establishment of a Technical Committee, to be led by the Ministry of Planning. A total of $500,000 is proposed in this sector, $200,000 of which would be sought from other sources, including multi-bilateral resources.

Population policy and formulation

34. Support is proposed for the incorporation of socio-demographic variables in development planning and the strengthening of national capacity in the area of population and development and in the area of population and the environment. This would be done by assisting the Population Unit of the Ministry of Planning, UDIP at the Autonomous National University of Honduras, and a selected municipality to implement a "small population programme" as a model of decentralized planning for the design, implementation and evaluation of social programmes.

35. The assistance to the Population Unit within the Ministry of Planning in formulating a population policy in Honduras would be provided in the following ways: (a) providing further orientation to the Government's planning process and identifying target groups on the basis of socio-demographic criteria, with special emphasis on poverty alleviation; (b) giving support to local municipal governments in the integration of socio-demographic variables in the planning of development programmes; (c) ensuring that the role of women is taken into account in development plans; (d) further strengthening technical and institutional capabilities in the field of population and development in the Ministry of Planning; and (e) supporting the establishment of a National Documentation Centre on Population and Development.

36. The previous UNFPA programme supported the establishment of UDIP with the long-term objective of preparing professionals capable of handling the population aspects of development in various sectors through a postgraduate training course. This Unit has been successful so far, but further support is required to ensure its consolidation. This project has already shown that the University setting is an appropriate forum for open discussions of population questions in the country. Therefore, the specific objective of creating awareness on population issues among political leaders and professionals from different sectors would be added to the tasks of UDIP as part of the IEC strategy mentioned earlier. Based on the experience gained in this activity, UDIP would also contribute to designing, in conjunction with all sectors involved, a national training plan in population and development aimed at achieving national autonomy in this field.

37. To design a model of decentralized planning, a selected municipality would be supported for the development of a "small population programme". The population programme to be developed would include: (a) establishment of a system of economic, social and demographic indicators to provide guidance for planning aimed particularly at the most vulnerable groups; (b) promotion of organized community

groups and NGOs to participate in the planning, implementation and evaluation of community development programmes among marginal populations, especially in the areas of population and environment and income generation for women; and (c) development of IEC and MCH/FP activities with the objective of preventing high-risk pregnancies, based on the experience of the MCH/FP model. The amount proposed for this sector is $1.4 million, of which $500,000 would be sought from other sources, including multi-bilateral sources.

Women, population and development

38. The experience of the previous programme has shown that there is a great need to create awareness and strengthen technical capacity in relation to population and gender issues among government institutions responsible for developing population projects. Therefore, it is proposed to support personnel training as a way of strengthening the technical capacity of the National Board of Social Welfare, the institution in charge of women's programmes that is under the direct authority of the President. The training would be focused on the population issue in the formulation, implementation and evaluation of women's programmes. This area of support would be closely co-ordinated and complemented with the activities planned by UNICEF and the United Nations Development Fund for Women (UNIFEM).

39. Just as accelerated urbanization is causing degradation of the environment, deforestation is degrading the countryside, especially in the vast marginal areas around the major cities. In view of its close relation with activities such as cooking and heating usually carried out by women, a second area of support is proposed for the Honduran Social Investment Plan (FHIS). The FHIS would create jobs for women in reforestation and environmental protection activities in conjunction with an awareness and training programme on environment and population issues. Specific attention would be given to family planning education linked with service delivery. This support would be co-ordinated with all the United Nations agencies supporting the FHIS (UNDP, UNICEF, and the World Food Programme (WFP)). A total amount of $1 million would be provided for this sector, of which $300,000 would be sought from other sources, including multi-bilateral sources.

Programme reserve

40. It is proposed to establish a programme reserve of $100,000 to cover yet undetermined needs that may come up during the programme.

Programme co-ordination

41. The execution of the programme would be co-ordinated through the office of the UNFPA Representative in Honduras in conjunction with the Office of External Assistance of the Ministry of Planning and the UNFPA Country Director proposed for Honduras. This programme would also be co-ordinated with all the United Nations agencies participating in the Joint Consultative Group on Policy. UNFPA would support the Government's efforts to co-ordinate the various donors in the population area. A number of collaborative activities would be included in the proposed programme with, among others, UNICEF, UNDP and UNIFEM.

Programme monitoring, evaluation and management

42. All the projects in this programme would be monitored and evaluated in accordance with standard UNFPA guidelines and would have built-in monitoring and evaluation mechanism. A mid-programme

review would be carried out in 1993 and independent evaluations would be part of all larger and innovative projects. In his capacity as UNFPA Representative, the UNDP Resident Representative would have responsibility for the overall management of the programme. The Resident Representative would be assisted by the UNFPA National Programme Officer stationed in Honduras. The UNFPA Country Director based in Costa Rica would also provide technical and managerial assistance and guidance and would visit the country periodically.

Financial summary

43. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $7.5 million, of which $5 million would be committed from UNFPA's regular resources. If UNFPA's funding situation permits, the balance of up to $2 million may be provided by UNFPA. If and to the extent this is not possible, UNFPA would seek to cover the shortfall from other sources, including multi-bilateral sources. The table below shows how the programme would accommodate the two levels of funding:

	UNFPA's regular resources	Other resources	Total
Maternal and child health and family planning	2,000,000	1,000,000	3,000,000
Information, education, and communication	1,000,000	500,000	1,500,000
Basic data collection and analysis	300,000	200,000	500,000
Population policy formulation	900,000	500,000	1,400,000
Women, population and development	700,000	300,000	1,000,000
Programme reserve	100,000	--	100,000
TOTAL	5,000,000	2,500,000	7,500,000

V. RECOMMENDATION

44. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Honduras in the amount of $7.5 million for the five-year period 1991-1995;

(b) Authorize the Executive Director to commit an amount of $5 million from UNFPA's regular resources;

(c) Further authorize the Executive Director to provide the balance of up to $2.5 million from UNFPA's regular resources, if such resources are available. If and to the extent they are not, further authorize the Executive Director to seek to cover the shortfall from other sources, including multi-bilateral sources;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the country of Honduras and with the executing agencies.